

WORK EXPERIENCE PARENTAL & EMPLOYER CONSENT FORM

Henley-in-Arden School

'Achieving Excellence Together'

Email: admin@henleyschool.com Tel: 01564 792364



Henley in Arden School,
Stratford Road,
Henley in Arden,
Warwickshire. B95 6AF

Education (Work Experience) Act 1973

Section 1 (To be completed by Parent/Guardian)

I _____ the Parent/Guardian of

_____ (Name and Date of Birth) give

my consent to him/her taking part in the Work Experience Scheme organised by the school and approved by Warwickshire Local Authority.

Signed: _____ Date: _

Address: _

Telephone Number: _____

Section 2 (To be completed by the Employer or his/her representative)

I am willing to accept _____ (name of student) on a

Work Experience placement from _____ to _____

Signed: _____ Date: _

For and behalf of, Company Name and address _

To be returned to Mrs D Reynolds at Henley in Arden

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School